

### **REMARKS**

Applicant thanks the Examiner for the telephonic Interview with Applicant's counsel, Sean Kavanaugh, on July 10, 2003. The claim amendments and remarks herein are responsive to the Office Action dated June 9, 2003 and to the Interview. Claims 1, 16 and 21 have been amended. Claims 1-42 are pending.

#### **Objection to the Specification**

As requested by the Examiner, the trademark "Delrin" has been capitalized and accompanied by the generic term "acetal" wherever it appears in the specification. Accordingly, Applicant respectfully requests that the Examiner withdraw his objection to the specification.

#### **Objection to the Claims**

The Examiner objected to the term "anulus" as an incorrect spelling of "annulus". Applicant respectfully submits that both spellings are correct and widely accepted in the industry. Attached herewith as Exhibit A is a copy of an excerpt from Taber's Medical Dictionary. This Dictionary provides the spelling of the term at issue as "anulus". Accordingly, Applicant respectfully requests that the Examiner withdraw his objection to the claims.

#### **Rejection under 35 U.S.C. § 112, Second Paragraph**

The Examiner rejected Claim 16 under as being indefinite because the term "resorbable" was unclear. As discussed during the Interview, Applicant has amended the term "resorbable" to "resorbable material". In light of this amendment, Applicant respectfully submits that Claim 16 is in compliance with 35 U.S.C. § 112, second paragraph.

#### **Rejection under 35 U.S.C. § 102**

As discussed during the Interview, Applicant has amended Claims 1, 16 and 21 to overcome the Examiner's rejections under 35 U.S.C. § 102. In light of these amendments Applicant respectfully submits that these claims are in compliance with 35 U.S.C. § 102.

**Priority Date**

Applicant notes the Examiner's statement on priority regarding Claims 6-7, 10-11, 13-16, 18 and 20. Applicant has not reviewed the specification regarding said priority determination because Applicant respectfully submits that such a review is not required to fully respond to this Office Action. Applicant reserves the right to determine priority of said claims at a later date.

CONCLUSION

In view of the foregoing remarks, Applicant respectfully asserts that the present application is fully in condition for allowance. If any issues remain that may be addressed by a phone conversation, the Examiner is invited to contact the undersigned at the phone number indicated below.

Appropriate fees have been submitted herewith. No further fees are believed to be due. However, please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Respectfully submitted,

KNOBBE, MARTENS, OLSON &  
BEAR, LLP

Dated: July 14/03

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## antrum, puncture of

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anxiety

anxiety, free-

**a., puncture of.** Puncture made in maxillary sinus by placing trocar through sinus wall. Entry is from the nasal cavity. Instrument enters from near floor of nose, approx. 1 1/4 in. (3.3 cm) from external opening. Pus is then drained. SYN: *antrotrony*.

**NURSING IMPLICATIONS:** Irrigate antrum as ordered. The physician may order the antrum to be irrigated with a solution such as warm normal saline. Follow hospital procedure for the irrigation. Carefully note and describe the character of drainage in the solution return. Apply ice packs for edema and pain. As healing progresses, warm compresses may be used. Evaluate for the development of complications such as chills, fever, nausea, vomiting, facial or periorbital edema, visual disturbances, or personality changes.

**a., pyloric; a. pyloricum.** [NA] Bulge in the pyloric portion of the stomach along the greater curvature on distention.

**a., tympanic; a. tympanicum.** A., mastoid, q.v.

**ANTU.** Alpha-naphthylthiourea, a powerful rat poison.

**Antutrin S.** Trade name for chorionic gonadotropin, human, q.v.

**Anturane.** Trade name for sulfinpyrazone, q.v.

**anuclear** (ā-nū'klē-ār). Lacking a nucleus, said of erythrocytes.

**ANUG.** acute necrotizing ulcerative gingivitis. SEE: trench mouth.

**annulus** (ān'ū-lūs) [L.] (pl. *anuli*). [NA] A ring-shaped structure; a ring. Also spelled annulus.

**a. abdominalis.** A. inguinalis profundus, q.v.

**a. femoralis.** Femoral ring; the abdominal opening of the femoral canal.

**a. fibrosus.** The tough outer portion of the intervertebral disk.

**a. inguinalis profundus.** Deep inguinal ring; the opening in the fascia transversalis for the ductus deferens in the male or the round ligament in the female. SYN: *a. abdominalis*.

**a. inguinalis superficialis.** Superficial inguinal ring; the opening in the external oblique muscle for the ductus deferens in the male and the round ligament in the female.

**a. tympanicus.** Tympanic ring; part of the temporal bone forming a ring at the inner end of the external auditory canal.

**a. umbilicalis.** Opening in the abdominal wall of a fetus through which the umbilical vessels pass.

**a. urethralis.** Elevated muscular ring surrounding the opening of the bladder into the urethra. SYN: *sphincter, bladder*.

**anuresis** (ān-ū-rē'sis) [Gr. *an-*, not, + *our-*

*esis*, urination]. Absence of urination. SEE: *anuria*.

**anuretic** (ān-ū-rēt'ik). Pert. to anuresis, q.v.

**anuria** (ān-ū-rē-ā) [G. + *ouron*, urine]. Absence of urine formation. SEE: *anuresis*.

**anus** (ā'nūs) [L.] [NA] The outlet of the rectum lying in the fold between the buttocks.

**a., artificial.** Opening into the bowel formed by colostomy.

**a., imperforate.** Condition in which the anus is closed.

**a., vulvovaginal.** Congenital anomaly in a female in which the anus is imperforate but there is an opening from the rectum to vagina.

**anvil** (ān'vil) [AS. *anfil*]. Middle ossicle of ear. SYN: *incus*. SEE: *ear* for illus.

**anxiety** (ang-ā'zē-tē). A feeling of apprehension, worry, uneasiness, or dread, esp. of the future.

Everyone has been anxious at some time. Anxiety is the normal reaction to that which is threatening to one's body, lifestyle, values, or loved ones. A certain amount of anxiety is normal and stimulates the individual to purposeful action. Excess anxiety interferes with efficient functioning of the individual. SEE: *anxiety neurosis*.

**NURSING IMPLICATIONS:** Assess for level of anxiety (mild, moderate, severe, panic), recognizing related physical characteristics, e.g., sympathetic nervous system arousal, and effects on patient's perceptual field and ability to learn and solve problems. Also assess the coping and defense mechanisms the patient is using and the surrounding circumstances. Anxiety can be communicated, so remain calm and do not allow the patient's anxiety to unduly affect you. The presence of a calm, caring nurse in a quiet, controlled atmosphere helps to prevent escalation of the patient's anxiety, and can actually reduce anxiety by providing feelings of connection and stability and lessening feelings of isolation. At lower anxiety levels, assist the patient to identify and reduce or remove stressors, if possible; anxiety may be in response to an unknown or unconscious threat. Provide outlets for the patient's excess energy. Establish a trusting relationship that encourages the patient to express feelings and concerns, expectations and needs. Explore previously used effective behaviors to see if they can be used in the present situation, and encourage the patient to solve problems. Avoid offering false reassurance. At higher levels of anxiety focus care on reducing environmental and other stimuli. Use clear, simple validating statements, repeating as necessary, and reinforce reality if distortion is evident. Attend to patient's physical needs and encour-

age physical energies.

**a., free-flow** an identical cause.

**anxiety disorder** disorders characteristically, Phobias along with personality disorder, posttraumatic anxiety state.

**Appendix.** anxiety neuro

terized by restricted to self is often associated. This disorder normal anxiety actually threatens.

**Anxiety** when an individual during clear palpitation, tion of the head, or co

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